

QUICK UPDATES

March 8, 2004

Here are 8 Quick Updates!!

1. **NPCS Intranet** - the new site has been launched! A terrific job by Claiborne Miller-Davis and Cheryl Fisher. Take a moment to familiarize yourself with the site. The site will continue to evolve to meet the changing needs of the NPCS. Your comments and suggestions are welcomed! Here are just a few links you might find useful:
 - a. The American Association of Blood Banks **Circular of Information (COI)** is posted directly below the **PRO: Administration of Blood Products**. The COI provides you with comprehensive information about all blood products.
 - b. **Worksheets** used at the bedside but not filed in the medical record are posted directly under their companion SOP or PRO. For example, the Continuous Bladder Irrigation I&O Sheet can be found directly under its companion PRO: Bladder Irrigation.
 - c. Check out the **2004 NPCS Education Calendar** to stay on top of educational activities.
 - d. **On-Line Course Registration** is now available instead of phone registration.
(<http://intranet.cc.nih.gov/nursing/training/index.html>)
 - e. Under Resources you can find the most up-to-date **NPCS Leadership Phone List**.
 - f. Need help with your electronic password? Checkout **Password Help** under Resources.
2. **More on Nutrition and Isolation Guidelines** - You asked recently, "What is the risk of spreading communicable disease by using non-disposable trays and eating utensils in an isolation room?" A review of the literature reveals that removing trays and utensils from isolation rooms and placing them on nutrition carts does not increase the spread of communicable disease. Did you know that when trays are delivered and picked up from isolation rooms, dietary staff wash their hands before and after entering the room and don the appropriate protective equipment? A tray removed from an isolation room is placed immediately on the nutrition cart and remains on the cart until it is taken to the kitchen where it is then placed in a hot dishwasher.
3. **Try out this Brain Teaser!** Your patient is receiving continuous hydromorphone IV 0.2 mg per hour. Convert the infusion to a long-acting oral Oxycontin BID schedule. The answer is on the last page.
4. **Pain Assessments and Reassessments** . . . Kudos to everyone for a successful roll-out! We still want to hear from you about what works and what can be improved. At Nursing Practice Council, you suggested that part of a good assessment should include asking the patient who is not currently being treated for pain if they have any fears or concerns about pain. This is a great idea that will be forwarded to the Pain Core group. In the meantime, it is recommended that this important information be recorded in the MIS as a type-in addition to the routine screening and assessment questions.
5. **Documenting PCA Waste in Pyxis** - You have told us that documenting PCA waste in Pyxis is difficult when the necessary information disappears from the Pyxis after 24 hours. These instructions should help . . . if you want, cut them out and post on your Pyxis Medstation.

Wasting PCAs in Pyxis after 24 hours

1. Choose waste button.
2. Select patient's name
3. Choose **All Meds** button after 24°.
4. Choose **waste now** button
5. Enter amount given in mg.
6. Enter name of witness.

6. **Wasting a transdermal or transmucosal controlled substance** - MIS screens have been revised to allow a nurse to record in the medical record when a transdermal or transmucosal product has been removed from a patient and/or wasted. Here's what you need to know:
- When a **transdermal** controlled substance (e.g. Fentanyl patch or Duragesic®) is removed from a patient and in the presence of a witness, you should snip the product into several pieces and discard the pieces in a sharps container.
 - When a **transmucosal** controlled substance (e.g., Fentanyl citrate or Actiq®) is taken back from the patient you should, in the presence of a witness:
 - Discard the handle of a fully consumed transmucosal unit in a sharps container for patient/visitor safety or,
 - Dissolve in running hot water a partially consumed or unused transmucosal unit and discard the handle in a sharps container.
 - The date/time of the action and the name of the witness are recorded in the medical record in the Pain Assessment Pathway. Also remember to document when the drug was only partially consumed.

The image shows two screenshots of the Web MIS interface. The left screenshot displays the 'PAIN ASSESSMENT' menu with a red arrow pointing to '>EPIDURAL ANALGESIA'. The right screenshot displays the 'NARCOTIC WASTE/DISPOSITION' form for 'ACTIQ' and 'DURAGESIC'.

Left Screenshot: PAIN ASSESSMENT

10631 D FOR: NURSE. <NP--- >< O>
BLACKBERRY COBBLEGRAM
PAIN ASSESSMENT

>SCREENING
>ASSESSMENT
>REASSESSMENT
>INTERVENTIONS' EVALUATION
>MEDICATION SIDE EFFECTS
>TEACHING/LEARNING
>PATIENT CONTROLLED ANALGESIA
>EPIDURAL ANALGESIA
>NARCOTIC WASTE/DISPOSAL
>GUIDE

ERR TYPE MASTER REVIEW
RETRIEVE TIME-SCHED

Unsigned Java Applet Window

Right Screenshot: NARCOTIC WASTE/DISPOSITION

12040 EASSESSMENT: NARCOTIC<NP--- >< >
WASTE/DISPOSAL
NARCOTIC WASTE/DISPOSITION
FOR TRANSMUCOSAL/TRANSDERMAL PRODUCTS

(NAME OF DRUG:)
ACTIQ
DURAGESIC
-
PARTIAL UNIT WASTED ON __/__/__
PRODUCT REMOVED ON __/__/__
TIME: ____
ORIGINAL DOSAGE SIZE : ____
DISPOSAL WITNESSED BY: ____
DISPOSAL LOCATION: ____

ERR TYPE MASTER REVIEW
RETRIEVE TIME-SCHED

Unsigned Java Applet Window

7. **More on blood culture bottles** - When a patient identification label is placed on a culture vial, please leave the bar code visible. The bar code is used by DLM staff to process the specimen.
8. **Answer to the Brain Teaser** - **Oxycontin 20 mg po BID**. Pull out your equianalgesic card and follow along with the conversion:
- Calculate the total daily IV hydromorphone requirement ($0.2 \times 24 \text{ hours} = 4.8 \text{ mg}/24 \text{ hours}$)
 - Convert IV hydromorphone to po ($4.8 \times 5 = 24 \text{ po hydromorphone}$)
 - Convert to daily oral morphine equivalent (DOME) ($24 \times 4 = 96 \text{ mg DOME}$)
 - Consider cross-tolerance conversion when switching from one route or drug to another, 50% - 70% ($96 \times 0.7 = 67.2$)
 - Convert to oral oxycodone ($67.2/1.5 = 44.8$) and round down to 40 . . .
 - Patient needs ~ 40 mg oral oxycodone daily . . . therefore, Oxycontin 20 mg po BID